



E650
JACC March 27, 2012
Volume 59, Issue 13

Arrhythmias

PACEMAKER DIAGNOSTICS ARE UNDERUTILIZED IN THE MANAGEMENT OF ATRIAL FIBRILLATION

ACC Moderated Poster Contributions
McCormick Place South, Hall A
Monday, March 26, 2012, 9:30 a.m.-10:30 a.m.

Session Title: Monitoring Arrhythmia Patients: Externally, via Implanted Devices and Wearable Defibrillators
Abstract Category: 18. Arrhythmias: Devices
Presentation Number: 1245-517

Authors: Neeraja Yedlapati, John Fisher, Montefiore Medical Center, Bronx, NY, USA, Albert Einstein College of Medical Sciences, Bronx, NY, USA

Background: To assess the impact of the pacemaker recorded data in the clinical management of the atrial fibrillation (AF) patients with implanted pacemaker (pacer).

Methods: Interrogations of 1000 pacemaker patients over a period of 1 year were reviewed by single investigator (JDF). Patients with dual chamber pacemakers (DDD, 80%) and electrocardiograms (ECG) showing AF or flutter were followed. Permanent AF patients with AF burden (% time spent in AF) 100% were excluded. Atrial oversensing and noise were carefully excluded. Patient information included age, co-morbidities, anticoagulation and rate/rhythm control medications. We aimed to identify potential candidates for antiarrhythmic drug therapy (AAD), anticoagulation, and cardio version.

Results: During the follow up, 84 (8.4%) patients (mean age 76 years) had alerts for AF. Of these, 35 (41%) were newly diagnosed with AF, 10 (12%) patients were started on AAD therapy and 11(13%) patients underwent cardioversion based on the information obtained on pacer interrogation. Of the 84 patients, 45 (53%) (average CHADS2 score >2) were placed or remained on anticoagulation. Patients 21 (25%) who had AF burden <10% are not on anticoagulation.

Conclusions: Pacemakers provide useful diagnostic information and this can be used in the clinical management of the AF but the resources should be exploited. Patients and physicians should be educated on using this data in their practice to change the management of AF.